

Augusta-Richmond County License Department  
 PO Box 9270 (1815 MARVIN GRIFFIN ROAD)  
 Augusta, GA 30916-9270  
 Phone: 706-312-5053  
 FAX # 706-312-5037

**BUSINESS TAX RETURN**  
 COUNTY OF RICHMOND, BUSINESS TAX DIVISION  
 Calendar Year **2013**

Report Change in Location/Mailing Address Promptly to Business Tax Division

Please Type or Print with Ball Point Pen

							<b>FOR BUSINESS LICENSE OFFICE USE ONLY</b>				Interviewed By:	
							Zoning		Map & Parcel			
							Account #	# of Decals	Tax Class	SIC Code	Approved By:	
Complete all spaces as they relate to County Activity							Month	Day	Year	YEARLY TOTAL GROSS RECEIPTS (EVEN DOLLARS) \$ _____		Mobile Only – No Business in the Home
<b>Circle One</b>	Renewal	Started New Business	Date				Professionals and certain practitioners have the option of paying \$400 per practitioner in lieu of reporting gross receipts. Check with the Business Tax Office to determine eligibility for this option.					
	Amended		Date									
	New	Sold or Closed Business	Date									
	Final		Date									
Business Name			Business Location in County – Street Address (Not P.O. Box)					City, State		Zip Code		
Mailing Information Name			Mailing Address – Street or P.O. Box					City, State		Zip Code		
Previous Business Name and Location		Name		Street – Not P.O. Box				City, State		Zip Code		
<b>Circle One</b>	Partnership	Principal Office, Corporate Name		Street or P.O. Box				City, State		Zip Code		
	Sole Ownership Corporation											
Officer, Agent or Attorney for Service of Business Affairs in County		Name		Street or P.O. Box				City, State		Zip Code		
Name of Owner(s) & Residence Address		Name		Street or P.O. Box				City, State		Zip Code		
		SSN										
Officer Title		Name		Street or P.O. Box				City, State		Zip Code		
		SSN										
Officer Title		Name		Street or P.O. Box				City, State		Zip Code		
		SSN										
Officer Title		Name		Street or P.O. Box				City, State		Zip Code		
		SSN										
CERTIFICATION: The information herein as required by Richmond County Code Part II, Chapter 8, Section 6-27.1 I, _____ (Title) _____ of the business firm named, do hereby register to operate said business with dominant business activity of (explain type of business) _____ _____ _____				New Structure ( Y or N )		Existing Building ( Y or N )						
				<b>Email Address</b> _____								
				In accord with the Business Ordinance of Richmond County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete.								
Phone: (Bus) (____) ____-____ (Res) (____) ____-____				<b>Applicant Signature</b> _____ <b>Date</b> _____								
State ID Number		Federal ID Number										